## **Financial Aid Office**



El Camino College (ECC) - 16007 Crenshaw Blvd. ◆ Torrance, CA 90506  $\blacksquare$ 1-310-660- 3493 ◆  $\blacksquare$  www.elcamino.edu ECC Compton Center (COM) - 1111 E. Artesia Blvd., E-17 ◆ Compton, CA 90221  $\blacksquare$ 1-310-900-1600 x 2935 ◆  $\blacksquare$  www.compton.edu

## **WORKSHEET FOR DETERMINING SUPPORT**

PRINT ALL INFORMATION NEATLY IN <u>BL</u>	UE OR BLACK IN	<u>IK</u> .			
El Camino College Student ID Number	Last 4 Digits of Social Security Number  First Name		mber	Date of B	Birth (MM/DD/YYYY)
Last Name				Middle Initial	
Do you have dependents (other that of their support from you, from July	-	•		n you and	who receive more than half
☐ <b>No</b> Stop here. Go back or information on your F			-		
☐ <b>Yes</b> Please complete the i	information be	low and provide t	he requ	ested doc	cumentation.
What are your living arrangements o	during the 201	3-2014 Academic	Year? (	Check on	e box)
☐ Living Off-Campus	☐ Living With Parent(s) ☐ Living With Relative(s)				
List dependents (other than your chil support from you, from now through	•	•	ou and v	vho recei	ve more than half of their
Full Name	Age	Relationship	De	Dependent's Current Monthly Income	
Please list below the monthly expens children.	ses for your de	pendent(s), the pe	erson(s)	you are s	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Dependent #1		•	Dependent #1		Dependent #1
Expense Type		Monthly Ar	Monthly Amount		Amount Paid By You
Rent/Mortgage					
Utilities					
Food					
Transportation					
Personal					
Other:					

Dependent #2	Dependent #2	Dependent #2 Amount Paid By You	
Expense Type	Monthly Amount		
Rent/Mortgage			
Utilities			
Food			
Transportation			
Personal			
Other:			

Student Signature	Date		
both.			
correct. I understand that giving false or misleadi	ing information on this v	vorksheet can result in a fine	up to \$20,000, prison, or
By signing this worksheet, I (we) certify that all of	the information reporte	ed to qualify for federal finan	cial aid is complete and

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